



Health Services

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July 10, 2009

TO: Each Supervisor

FROM: John F. Schunhoff, Ph.D.
Interim Director

SUBJECT: **IMPLEMENTATION OF HMA RECOMMENDATIONS FOR
MLK-MACC – FINAL REPORT**

This is to provide your Board with the final report of the Department of Health Services (DHS) efforts to implement Health Management Associates (HMA) recommendations to achieve the goal of creating efficiencies and economies of scale for the Southwest Network, including Martin Luther King, Jr. Multi-Service Ambulatory Care Center (MLK-MACC) and Hubert H. Humphrey Comprehensive Health Center (Humphrey), and Harbor-UCLA Medical Center (Harbor). HMA was to accomplish two critical goals:

1. **Develop a staffing plan that will effectively allow for the clinical and administrative operation of the MLK-MACC, assuming a patient volume of approximately 180,000 visits.**

Status: Completed

In the August 13, 2008 report to your Board by the Chief Executive Office (CEO) in concert with DHS, the recommended adjustments to address the MLK-MACC staffing plan were finalized. DHS will continue to review the staffing plan for refinements. The MLK-MACC has achieved 167,347 visits through May 2009 and is expected to finish the year with 183,600 visits.

2. **Create work plans and start implementation of the operational changes that will be necessary to accommodate the change in staff recommended.**

Status: Completed

The HMA report reflects a total of 200 separate recommendations in fifteen deliverable categories, including specific work plans for the MLK-MACC. DHS has successfully completed 183 (92%) of the recommendations. Below are some key accomplishments over the last quarter to complete and implement the HMA recommendations:

- Established a Memorandum of Understanding with Harbor for maximum coordination and efficiency in the day-to-day management of services for the Southwest Network, including MLK-MACC as part of MetroCare.
- Published the MLK specialty pre-requisites in hard copy and on MLK-MACC web site.
- Restructured the current leadership staff and roles at the MLK-MACC to assure accountability at every level.

- Established maximum surgery volumes for scheduled patients to support expansion into a third operating room (OR). This will maximize use of ORs and allow for an increase in surgical procedures by opening the remaining OR.
- Established ongoing communication to ensure interaction with Public Private Providers (PPPs) and others who rely on the MLK-MACC for specialty services by participating on the South LA Health Leadership Roundtable, South LA Specialty Collaborative, health fairs, community events, and PPP general meetings.
- Implemented procedures to improve patient flow and decrease waiting time in the Urgent Care Center (UCC). Examples of these procedures includes quick registration for the first patients of the day, development of a Fast Track area for minor patients, reduction in wait time for transfers to a higher level of care and other measures that improve patient flow through the UCC in a more timely manner.
- Developed monthly reports to track the number of referrals received, processed, pending, and denied.

In addition, the three categories below describe the remaining 17 recommendations (8%) which: a) the Department will implement on a systemwide basis; b) will implement over several fiscal years depending on available funding; or c) does not intent to implement for reasons described below:

1. DHS-Wide Initiatives -- the Department is reviewing enterprise-wide improvements to primary care referrals and the electronic clinic Referral Processing System (RPS) which will be implemented over the next several fiscal years as part of ambulatory care transformation and integrated care management. The MLK-MACC RPS cannot be developed independently and therefore will be revised as part of the department-wide initiative currently in process to include all of the following HMA recommendations:
 - Develop a mechanism for primary care referrals to facilitate establishment of medical homes for chronic disease patients.
 - Modify RPS for primary referrals to identify medical homes, especially for patients with chronic diseases.
 - Convene a central DHS team to establish policies across LA County with DHS medical leadership in collaboration with RPS and referral center representatives.
 - Establish a specialty entrance "rule" development team for RPS.
 - Utilize the electronic RPS for all on campus referrals to replace all paper referrals.
 - Arrange for the central DHS team to place individual pre-requisites within each specific referral submission.
 - Monitor and track referrals from the Ambulatory Surgery Center (ASC) through RPS.
2. Financial, Capital and Human Resource Constraints -- some HMA recommendations require extensive resources currently not available, or are associated with the developing plan to open the hospital:

- *Centralize outpatient services into a single building.* The future plan for the reopening of the hospital includes consolidation of the majority of outpatient services into one facility as a component of the total capital project. The only services that are and will continue to be provided outside of the main MLK-MACC are the OASIS and Pediatric HUB clinics.
 - *Hire a highly qualified Chief Operations Officer (COO) for the MLK-MACC.* The Department does not support this recommendation which would require reclassification of an existing item or allocation of an additional item. The functions of COO are incorporated into existing administrative staff responsibilities at the facility.
 - *Furnish and install personal computers in exam rooms and nursing stations at Humphrey.* This recommendation will be delayed due to the existing budget deficit and will be incorporated into the Department's Electronic Health Record (EHR) planning process along with all other clinic EHR needs.
 - *Hire a physician with pre-operative medical consultation experience to expedite medical clearances.* The Department does not support this recommendation because MLK-MACC is currently able to do pre-op screening with existing staff.
 - *Redesign key patient access entry points to list all services available in the facility.* Some new temporary signage has been installed throughout the facility, both internally and externally, to improve patient understanding of clinic locations. Permanent signage will be incorporated into the capital project for the reopening of the hospital and new MACC.
 - *Re-establish the relationship with Charles Drew Medical School Physician's Assistant School.* After the existing litigation with Charles Drew University is resolved, the Department will explore this recommendation and determine if this would benefit the MLK-MACC's operation.
3. Healthcare Delivery Model Variations -- some HMA recommendations are not clinically applicable due to implementation of overall changes in the UCC and ASC:
- *Modify staffing configuration for all laparoscopic cholecystectomies in the ASC.* The Department does not agree with the recommendation to eliminate one of the two surgeons (a lead and assisting surgeon) currently performing these procedures. Due to the complexity of the conditions of our patients and for patient safety, we will continue the existing staffing configuration using two surgeons for laparoscopic cholecystectomies.
 - *Modify taking vital signs on all patients in the UCC.* The Department does not agree with the recommendation to eliminate the taking of vital signs on some lower level patients presenting to the UCC. Due to the complexity of the conditions of our patients and for patient safety, we will continue to take initial vital signs on all patients presenting to the UCC. However, nursing policy has been modified with regards to repeat vital signs to comply with appropriate standards for services offered in an urgent care setting.
 - *Consider option of refusing to see patients without charts in the UCC and other clinics.* The Department does not agree with the recommendation to refuse to see patients without charts in the UCC and other clinics. Due to the availability of on-line health notes, lab results, and medication profiles, providers have adequate information to treat patients.

- *Deploy MLK-MACC general surgeons to Hudson Comprehensive Health Center.* This is no longer necessary because the ASC has been accredited at the MLK-MACC and surgeries can once again be performed there.

We wish to express our appreciation to the CEO team that has worked with DHS and MLK leadership to achieve the efficiencies and economies of scale included in the HMA report.

If you have questions or need additional information, please let me know.

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c: Chief Executive Officer
Acting County Counsel
Executive Officer, Board of Supervisors